

**IDAHO STATE DEPARTMENT OF AGRICULTURE (ISDA)**

**CHEMIGATION EQUIPMENT APPROVAL REQUEST**

|  |                     |                            |
|--|---------------------|----------------------------|
| Company Name   | Company Address     | Company Phone              |
| Responsible Person (Owner or Manager)                                      | City State Zip Code | FAX Number                 |
| Equipment Submitted for Approval (Manufacturer, Model, Size & Description) |                     | Date Submitted for Review  |
| Test Facility Name and Address   | City State Zip Code | Test Facility Phone Number |
| Name of Reviewer / Test Engineer / Lab Manager and Title                   |                     | E-mail address             |

Submit all directions for installation and manufacturer's specifications including promotional documents to:

**Westy Pickup, Chemigation Program Specialist**  
**Idaho State Department of Agriculture**  
**IFQAL – 1180 N. Washington St.**  
**Twin Falls, ID 83301**

*Required laboratory and field performance specification results shall be submitted directly to the same address from the facility that conducted the equipment tests.*

COMMENTS: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Responsible Person Representing Manufacturer

\_\_\_\_\_  
Date